Diagnosing Hidden Religion in Medicine: Health, Illness and the Politics of Hope

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Abstract
Research on the interface of religious studies and medicine mostly approaches spirituality and prayer as ways of coping with illness and disease. The possible consequences of that approach are a functional or instrumental view of religion and a neglect of the diversity of religious ideas at work in medical practice. Functional or not, confronted with ill-ness and disease, medical doctors, nurses, pastoral carers and family members all apply their life views and world views – explicitly or implicitly – to their work and care. In this paper I would like to ask what a theological approach could contribute to urgent cultural matters while dealing with medical decisions and dilemmas. I would like to argue that, in the field of religious studies and theology, medicine is not only a matter for theological ethics or practical theology, but also a source and workplace for systematic theology. To understand the task of systematic theology of articulating, comparing and contrasting life views and world views in a medical context, I shall first clarify the historical connection between religion and medicine. Next, I shall describe the modern split between religion and medicine and the current failing attempts to restore the connection. Subsequently, I shall sketch a theological agenda for future research on medicine and health, with a focus on the interdisciplinary approach of human suffering.

Keywords: Theology, religion, anthropology, Christianity, suffering, medicine, health, illness, care, hope.

1. Introduction: Doing Interdisciplinary Research

It may be unusual to start a scholarly article with the description of personal experiences. Everyone involved in interdisciplinary research projects however knows that their work is accompanied by both feelings of excitement and awkwardness: excitement about entering new fields of study and awkwardness about sometimes having to leave one's own expertise behind in order to be able to see and understand new ways of reflecting on reality. Recently I have been talking extensively to people working in medicine, anthropology and psychology about possible re-search projects on the interface of theology and the medical sciences. Most of them did not have knowledge of the tasks and topics of contemporary theology. I had hardly any knowledge of their academic fields. Besides this mutual ignorance, one

of the first experiences in this process was to do away of my self-image as a provider of interdisciplinarity. Instead I have learned from medical scholars what interdisciplinary research might entail, because the medical sciences are most diverse, yet performed with the awareness of joint tasks and shared responsibilities.

As a theologian, I could have communicated a certificate of my specific expertise, in my case that of fundamental and doctrinal theology. So, I could have explained the Christian doctrine of incarnation as a theory of the body. I could have introduced the diversity of interpretations of the Christian doctrine of sin and suffering, thereby presupposing that through the ages Christian theology has developed an expertise of the idea of suffering and that medical scientists could profit from the depth and rich-ness of this tradition. I did none of these things. Instead of wanting to develop something like a theology of medicine and health from the start, or to explore the religious factors involved in coping with pain and suffering, I was and am curious to know which views on life and the world I would at least recognise in other fields of study, which problems I share with others, and not unimportantly, not share with others. The latter is sometimes a painful experience, since it so clearly reveals the limits, the forgetfulness and blindness of my own theological discipline and the community it originates from.

This attitude or method constitutes the style of interdisciplinary research at the Heyendaal Institute at the University of Nijmegen in the Netherlands, where I work.[1] The institute has four departments for collaborative research with scholars from the humanities, the natural, the social and the medical sciences. Instead of as a village of experts, the institute would like to construct the university as a community based on joint research questions and a common interest in seeking possible answers and insights together with researchers from a diversity of disciplines, sharing the joy and passion of doing this. Thus, the institute trades in the results of yet unexplored but collective expertise. To make this work successfully, I believe it might prove useful that researchers leave their self-evident sources and terminologies behind, make a start with retracing the past of discovering research problems, albeit sometimes arbitrary, awkward and insignificant, and tell each other the story of surprising characters and unexpected events involved in exploring ideas and further developments in their work.

In what follows, I will try to show how this approach could work when discussing the relationship of theology and medicine. To not only 'cowardly' leave my expert standpoint behind while performing the interdisciplinarity described above, I will also present some systematic theology, though not necessarily to start with it or to return to it as the final answer. And that lack of disciplinary necessity will hopefully still reveal a regulative standpoint, based on shared experiences and research questions rather than on

a specific history of ideas, in order to understand concrete practices by which contemporary communities re-enact and perform their histories rather than to further and perfect existing theories.

2. The Joint Interest of Theology and Medicine

Theology and medical science share an interest in human well-being. Both academic disciplines deal with matters of life and death, and of responsibility and communication at times when people's existence, their trust and their vulnerabilities are at stake. Theology's dealings with medicine are generally restricted to medical ethics and to pastoral theologies of care in nursing homes and hospitals. I would argue that theologians have missed the opportunity to systematically reflect upon situations that everyone will have to deal with at some point: becoming ill, caring for others, and being dependent on the care of others. In these circumstances, people's lives become intertwined with narratives of sin, suffering and salvation. Why do we get ill? How do we view illness and health? What are the politics, the aims and limits of care? Doctrinal theology should be concerned with these questions to be of service to practical and moral theologies, but also to medical practice. It is a worrying fact that systematic theologians have been ignoring matters of health and medicine. As if the practice of medicine has nothing to do with theological ideas like creation, incarnation and redemption. By means of analogy, it makes one wonder about the function of a chapel or meditation room in a hospital: a place to get away from all the misery, to find comfort in isolation and silence. Theology should articulate that silence, surely, but in the face of pain and sickbeds, and not away from it all. It should communicate the language of faith, in its attempt to discover the meaning of health, illness and disease in view of a god who cares, or appears overwhelmingly absent.

In this article I would like to argue that medicine is not only a matter for moral and practical theologies, but also a source and workplace for contemporary systematic theology. To understand the task of systematic theology of articulating, comparing and contrasting emerging views in medical practice, I shall first clarify the connection between religion and medicine and describe the theological hesitations of making too close connections. Next, I shall lament the modern split between religion and medicine and the current failing attempts to restore the connection. Then, I shall sketch a careful and modest theological agenda for future research on medicine and health. I will conclude with a sketch of a Christian politics of medicine.

3. The Old Covenant between Religion and Medicine

Religion and medicine have been closely connected throughout most of human history. From the Mesopotamian blend of supernaturalistic (rituals) and naturalistic (herbs) medical treatments, and the ongoing tradition of North-Asian shamanism to the modern Christian pilgrimages to Lourdes, there has always been a close relation between them.[2] It would however be misleading to put it that way, since it suggests the connection consists of two distinctive realms or cultural forms that overlap only in certain situations. In fact, instead of overlapping each other partly, religion and medicine have often been inextricably intertwined. Until this very day, some still regard epidemics as the act of divine retribution, and many more think illness and disease result from the disfavour of God. I would even dare to suggest that the question "Why me?" when someone has become critically ill, even when posed by a non-religious person, manifests at least anticipated traces of a transcendent plan or decision.[3] This in turn has led Susan Sontag to attempt freeing contemporary culture from the combination of illness and punishment – its religious origins and its fatalistic character - in her famous essay *Illness as Metaphor*.[4]

Sontag seems to suggest that modern medicine and its biomedical approach will and should eventually cure us from these last traces of religion, which seems to run through our veins like an intractable infection. Or does modern medicine confront us, despite or should I say thanks to its impressive and astonishing successes, with human longings for health, the meaning of suffering and sickness in society, and the limits of curing and caring for others? If the latter is the case, and I would like to suggest that it is, then medicine could be a source for rethinking religion and for rediscovering views on sin and suffering, and on healing, wholeness and salvation. To understand how medicine could be considered a theological source, the 'and' between religion *and* medicine first needs clarification.

The key text of Western medical practice, the oath of Hippocrates (460-377 B.C.), comes across as surprisingly secular in its description of medical actions and responsibilities, although the oath used to be addressed to "Apollo the physician, and Aesculapius, and Hygieia (Health), and Panaceia (All-heal), and all the gods and goddesses." Its pragmatic tenor made sure this oath survived as a founding text for medical doctors throughout modernity, unlike for example the oath and prayer of Maimonides (1135-1204), the medieval Jewish philosopher and rabbi, whose text is imbued with explicit religious language. The oath genre of both texts signifies at least the public nature of medical practice. Its continuing performance until today stresses the safeguarding of that practice as a communal responsibility through the individual response to the call to enjoy the art of medicine. But does it still manifest the religious character of that call or of the profession? By removing the address of the original version of

Hippocrates' oath and not replacing it by an alternative, modern medical doctors who take the oath not only want to make clear that they do not live in the same culture as the Greek polytheists, but also that their work is accountable to secular authorities alone rather than to deities. Does that signify the end of the long-lasting relation between religion and medicine? And should it be considered as the victory of modern medical science over religious interference in medical practice?

4. Theology's hesitant Embrace of Medicine

It is undoubtedly true that the rise of modern medicine is the product of scientific results and not of religion. Especially when medicine is concerned, science justifiably has put religion in its right place. But the history of Christian theology itself has always shown a very ambiguous relationship with medicine, putting it at the forefront of the life of faith, but also questioning or at least nuancing it from the very beginning. The early Christians regarded their responsibility to care for the sick and the poor – be they Christian or non-Christian – as ultimately religious. According to some, this has led to one of the profoundest contributions of early Christianity to Western culture, which has lasted until the present day and hopefully for much longer: organised medicine for all.[5] Medical care was taken to be one of the main religious tasks, a case of worship and prayer. This view was inspired by biblical texts such as James 5, 14-16:

> Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick, and the Lord will raise them up; and anyone who has committed sins will be forgiven. Therefore confess your sins to one another, and pray for one another, so that you may be healed. The prayer of the righteous is powerful and effective.

From a Christian perspective illness and disease were initially related to sin, and healing to the effects of confession and prayer. From the fourth century onwards Christian inspired medical practice became connected with physical healing as well. From then on both caring and curing were seen as core religious acts, expressing and performing the life of faith through the confession of sins, prayer and eventually also through what we now call 'biomedical practice.'[6]

This close relation between medical and religious practice of the early Christian church – and there are similar connections in non-Christian religious traditions – could easily lead to misunderstandings, such as that the sick are sinners by definition or that prayer will heal us from our illnesses.

Both misunderstandings are based on an all too neat identification of religion and medicine, and on the idea that religion will be beneficial to health. This idea has become very popular again and despite it being supported by sound and scientific qualitative research, there are good theological reasons to deny it, and both Scripture and the history of Christian theology provide enough arguments to do so.

Basil the Great (329-379) for example warned against the disproportionate valuation of health and healing in view of faith:

> When we were commended to return to the earth whence we had been taken and were united with the pain-ridden flesh doomed to destruction because of sin and, for the same reason, also subject to disease, the medical art was given to us to relieve the sick, in some degree at least.

And he continues:

> Whatever requires an undue amount of thought or trouble or involves a large expenditure of effort and causes our whole life to revolve, as it were, around solicitude for the flesh must be avoided by Christians.[7]

Basil's remarks show that however central the acts of caring and curing may have been to the life of faith, they have also always been understood as the modest and humble participation in the ever-greater scope of God's salvific and redemptive work.

Already in Romans 8, we find the idea of healing set in a more eschatological tone:

> I consider that the suffering of the present time are not worth comparing with the glory about to be revealed to us. For the creation waits with eager longing for the revealing of the children of God; for the creation was subjected to futility, not of its own will but by the will of the one who subjected it, in hope that the creation itself will be set free from its bondage to decay and will obtain the freedom of the glory of the children of God. We know that the whole creation has been groaning in labour pains until now; and not only the creation, but we ourselves, who have the first fruits of the Spirit, groan inwardly while we wait for adoption, the redemption of our bodies.

5. From Science to Instrumentalism: the Rise and Fall of Modern Medicine

Despite biblical and theological arguments against a direct causal relationship between sin and sickness, or between faith and healing, the history of Christianity has accommodated much medical quackery that suggested that the individual victory over sickness would be the effect of the 'true' life of faith. Contrary to current proofs that individual spirituality cures, medieval and early modern 'proofs' were less convincing if not harmful, and modern science provided medicine, especially in the nineteenth and twentieth centuries, with major achievements and progress. In view of their failing predecessors and supported by their own successes, the performers of modern medicine warned against a disproportionate valuation of religion in health and healing.[8]

Besides becoming a culturally honoured practice founded on modern scientific results rather than on insights derived from faith, the rise of modern medicine has had two other consequences in relation to religion. Firstly, medicine and health seem to have become fetishised as Feuerbachian deities, in as far as we project most of our hopes and desires concerning life and death on them. As such, the practice of medicine became a cultural and political power of high significance, and apart from the abuse that that usually attracts, it has increased the devastating impact of medical failures and mistakes.[9] Secondly, medical science seduced religious scholars to submit their ideas of religion and spirituality to the same type of instrumental reasoning and ideals of achievement.

The emergence of fetishising medicine and health as the replacement or prosthesis of the covenant between religion and medicine could be described as a culturally constructive, and a communitarian and religious act in itself, instead of as merely the result of modern medicine. Philosopher Stephen Toulmin has argued that medicine has challenged scientific positivism and radical individualism, because of its focus on the human condition that we all share.[10] Furthermore, he has described medical actions as the result of relationships between individuals and between individuals and society, rather than as the alleviation of individual pain alone. Sociologist Max Weber argued for a similar case when he investigated the idea of theodicy in his *The Sociology of Religion*:

> The more the development tends towards the conception of a transcendental unitary god who is universal, the more there arises the problem of how the extraordinary power of such a god may be reconciled with the imperfection of the world that he has created and rules over.[11]

And Weber continues, following the results of a questionnaire submitted to German labourers, that it

> disclosed the fact that their rejection of the god-idea was motivated, not by scientific arguments, but by their difficulty in reconciling the idea of providence with the injustice and imperfection of the social order.[12]

So, according to Weber, even in modern culture with its dominant scientific paradigm, religion still functions in society as the either failing or successful explanation and meaning of suffering on the one hand, while on the other it shows that different belief systems create different societies through their explanation of suffering. Despite the individual *locus* of suffering and thanks to interpersonal relations, he states that suffering as a social experience is the foundation and function of religion in society. Thus, Weber and Toulmin – the latter indirectly through the idea of culture – have shown that understanding the 'and' in religion *and* medicine is primarily an exercise in hermeneutics.[13] It asks for the ongoing clarification of the presuppositions and constructive meaning of ideas on sickness, suffering and health, and of the practices of caring and curing.

Current research on religion and medicine however seems to have fully and uncritically adapted to the pragmatic idea that religion and spirituality have an important functional influence on medical practice. This is shown by the number of academic publications on the theme, which has grown exponentially in recent years. A selection of searches in the medical science database Pubmed/Medline on query combinations like 'spirituality and health' or 'religion and health', returns thousands of publications, mainly from the last decade.[14] The scholars performing these research projects are mainly medical anthropologists and psychologists, who in general do not work in a faculty of theology or religious studies.[15] It is also important to note that most publications deal with spirituality rather than religion, and that most articles on spirituality deal with either non-Western religious traditions or the topic of coping, and then again, most of the articles on coping are on prayer. So, current (Anglo-American) research in religion and medicine shows a tendency towards ethnography, individualism and instrumental rationality.[16]

Theologian and medical ethicist Stanley Hauerwas has argued strongly against such an instrumental approach of the study of religion and medicine and against the cultural idol of the therapeutic. In an article on suffering, he fights the assumption that the task of medicine is to relieve suffering. According to him the danger lies in the idea that medicine will eventually be used as a tool to alleviate every form of suffering, while to his opinion only pain can be alleviated and suffering is something to endure rather than to eliminate.[17] Furthermore, there is the danger of the idea of an

instrumentalised deity. Apart from the fact that Hauerwas could be criticized for making an all too clear distinction between bodily pain and mental suffering, or for making ethics the religious guardian at the limits of medical practice, he puts his finger on the sore spot by showing the lack of theological reflection in the case of instrumental reasoning. Or even better: showing that a lack of theological reasoning leads to instrumental reasoning.[18]

6. Towards a Theology of Health and Medicine

Should a theology of health cure the new field of research of religion and medicine from its instrumental rationality, by offering, what Giambattista Vico (1668-1744) in his *Scienza Nuova* paradoxically called a "medicine for science": revealing and practicing a new poetic way of seeing, thinking, and writing, as an alternative version of modernity? I would suggest, instead of a counter-discourse to sidetrack the instrumentalism of modernity, there is need of a systematic theology conversing with the current practice of medicine and the medical sciences.

To start such a conversation between theology and the medical sciences, a phenomenological description of experiences of and views on illness and disease is needed, so that these can be analytically compared and contrasted. In doing so, it will become clear that beyond phenomenology, theology provides for a tradition of reflection on the hermeneutics of experience, which relates experience to culture, tradition and interpretation. Especially when addressing the idea of suffering, which concerns the whole person and not just the body, it will become manifest that neither a neutral description of suffering, nor a resignation to individual experience or mere opinion will suffice to understand suffering, let alone to confidently support certain medical decisions.[19] The combination of the phenomenological description and the hermeneutics of experience will show that health and medicine, besides dealing with curing, caring and alleviating pain, are also concerned with ideas, views and theories, in other words: with doctrines.

Furthermore, in the case of health and medicine, the articulation of the communality of experiences of suffering is an urgent task. This is not only the case because dealing with illness and disease requires trans-parent communication between doctor, nurses and patients, or because health and medicine have a cultural impact. The influence of politics and policies of hospitals and nursing homes on medical caring and curing and their responses to medical consumerism is also important for furthering cultural and communal awareness in the medical sciences.[20] Nowadays, an increasing number of medical faculties appoint professors of public health. Medical anthropologists have recently been developing an ethnography of experience, articulating that suffering is a shared and interpersonal experience.[21] But

theologians and other scholars in the field of religion are well equipped to take part in this debate. Through the recognition of patterns of meaning in medical practice, they could offer their expertise on the historical and socio-cultural meaning or, perhaps better, meaningless-ness of pain and suffering, and of sickness and health.

Entering the debate on the meaning of pain and suffering, and of health and medical care, is perhaps the most important contribution of theology to an interdisciplinary conversation about medicine. Apart from sharing concerns about individualism, therapeuticism, instrumentalism and consumerism, theology and religious studies have their specific tasks in this conversation, if only to articulate the givenness of life and the politics of belonging to the people of God.

But the specificity of the theological conversation with medicine does not have to limit itself to a specific narrative, if "narrative" is defined as the concrete history and identity of scripture and tradition.[22] It could also add to the conversation a certain sensibility for that which Rowan Williams has described as "what brings to speech that absence which makes possible the shifting space of prayer and witness that is Christian life."[23]

Responding to that sensibility and confronted with the instrumentalism of medical reasoning and research into the effects of spirituality, theology could speak the unspeakable, and be the voice of the sick and the sufferers. Not through the resignation to either the positivism of science by following the same patterns of approach and achievement, or the fatalism of a misunderstood concept of spirituality without resistance, but through the search for an understanding of suffering as a shared – i.e. historical, social and cultural – experience and through interpersonal compassionate presence. That way, medicine could be viewed and experienced as the space of both recognising suffering and compassionate care, in which traces of the divine can be encountered.

7. A Christian Politics of Medicine: Suffering and Hope

A. Suffering and kenosis

How to speak theologically in face of suffering and care? Clearly, this question only emerges in interdisciplinary research. Because, for an audience comprised only of theologians this question would be somewhat bizarre, because suffering and compassion have been key themes in the history of theology, such as in liberation (focusing on human suffering) and passibilist (raising the question whether God suffers) theologies. Despite this rich history of reflection, however, the question remains whether theological doctrine has informed the world or that the world has informed theological doctrine? These questions become urgent in the case of medical practice, where doctrines are at work although they do not cure, and care is at work, but needs not to be explicitly doctrinally inspired.

'Kenosis' has been a key term to speak theologically about suffering. Why is this an important idea for Christian theologians? Not only because it is a biblical term that has been applied in the history of dogma, but because it signifies the way God has shared in human suffering. Kenosis is to be understood as a characteristic of the life of God, in that God is made known to mankind as love and self-giving through the suffering of Christ. This divine love is what protestant theologian Jürgen Moltmann called the mutual indwelling of the Trinity, which could best be defined as a constant act of kenosis. In Paul's letters it is made clear that kenotic suffering is not to be glorified however, but that Christ was suffering in solidarity with the sufferers. As such, kenosis is also a characteristic of human suffering, because it signifies the loving and caring presence for fellow human beings. The following quotes from Holy Scripture show this inextricable relationship between divine and human suffering. Christ did not empty Himself for His own sake; He did it for us, and "for everyone" (Heb. 2:9). "'To redeem us from the curse of law, he became a curse for us" (Gal. 3:13). "He suffered to help those suffering, He became for all who obey Him, a source of eternal salvation" (Heb. 5:2v). He became poor for our sake in order to make us rich "out of his poverty" (2 Cor. 8:9). Above all, God the Father Himself "gave His only Son so that we may not be lost but may have eternal life" (Jn. 3:16). Thus, kenosis could be an appropriate idea to describe suffering as a shared experience, because of its articulation of the reciprocal, relational movements between divine and human suffering.

B. A Christian politics of hope

How should the idea of kenosis be introduced into the conversation of theology with the medical sciences? Kenosis could offer ways of presenting to others what being a Christian means, i.e. to be a follower and to imitate Christ. To avoid the dangers I described before, the grace that is the Christian practice of experiencing God's presence in suffering demands the rejection of two rather simplistic extremes. On the one hand, the idea that God can or should be controlled by human behaviour must be abandoned. The belief that a life lived under the protection of God's grace necessarily includes the blessings of health or deliverance from suffering, in simple exchange for devotion has little to do with Christianity. Instead it is, according to me, a strange synthesis of capitalist ideology and modern self-help doctrine. On the other hand, there is no need for the idea that there is no comfort and that God has abandoned his people to their own suffering. The hope that constitutes the Christian promise is not an eschatological middle way between instrumental rationality and resignation. If the broad task of faithfulness in and toward sickness and suffering is characterized by the virtue of hope, the great challenge for contemporary theology, especially in the face of the spirituality and health movement, is to describe in concrete

terms what it means to embody the tradition that Adolf von Harnack called "the religion of hope for salvation or healing."

How to understand and perform this hope in connection to healing, without forgetting that any truthful account of the Christian life cannot exclude suffering as integral to that life. German theologian Johann Baptist Metz once argued that in the experience of sickness and suffering, time is lived apocalyptically – as discontinuous, as enrapturement. Apocalyptic time necessitates that human meaning is never reduced to a one-time event in the past or in the future, or reduced to a worldview of progress and instrumentality. This apocalyptic consciousness forces pre-sent experiences to be called into question: suffering calls the future, the past, and the present into question. The question 'Why me?' signifies that disruptive questioning. As the antidote to the poison of instrumental rationality, apocalyptic time experience is the placement of Christian life into the concrete history of suffering.[47] According to Metz apocalyptic time includes that life transforming memory of suffering, a memory that displays the religious quest: to whom do the world and my life in it belong? To whom do its suffering and time belong?

The argument of hope and apocalyptic time shows that I would not want to deny that the Christian practice of healing has benefited the sick and sufferers. And I would not deny that such benefits could be signs of that universal health to come. But I would like to suggest in view also of the history of Christian theology that a focus on the benefit for the individual here and now is potentially distracting from the central Christian idea of the Kingdom of God. For Christians, the presence of the Kingdom is first of all in the gathered community's Eucharistic celebration, and in the community itself, as an symbolic expression of the fact that those gathered to eat and drink have themselves become God's presence to the world. Thus the locus of the healing presence in Jesus Christ in the world has become the new politics of the community that gathers in his name. This suggests that the way the community is to embody its commitment to be an inclusive healing presence to the sick and sufferers has to do first of all with politics – i.e. with the way the community orders itself with respect to those who are sick and suffering.

To put it in Christian doctrinal terms, the politics forming the foundation for a faithful Christian disposition toward sickness and suffering derives from God's Trinitarian self-revelation in the biblical stories of creation and redemption. The acts of creation and redemption are acts by which the mutual and kenotic love binding the divine hypostases are generously extended as well to us. To be a human being living in the creation given by God means to live in the historical pursuit of a divinely ordained telos within a world of materially dense moral relationships. This view on suffering and human response from the doctrine of creation, changes the

meaning of illness. It constitutes the Christian politics of care in contrast to the dominant responses to suffering in the contemporary Western world. Within the context of scientific, economic and instrumental rationality, illness is a threat because it hinders the pursuit of individual goods and well-being. There is that suggestion that sick people cannot work or enjoy the fruits of their work, and their sickness is typically understood as a burden to those (non-professionals) who care for them, a burden that keeps the caregivers from working or enjoying the fruits of their work. In the Christian community, illness poses an al-together different set of challenges, specifically to kenotically perform the virtue of *misericordia* or compassion.

8. Conclusion: Religion for the Sake of Humane Medicine

The real challenge however to Christian theologians today is, instead of presenting this virtue as an all together distinct feature of the Christian community, that they should learn to see it as one of their tasks to recognise glimpses of it in all, and not only Christian inspired medical care, and ultimately as the possible foundation or motivation of humane medicine and care. Now, this might trigger the somewhat esoteric insider/ outsider debate in the philosophy of religion or the suspicion of the application of a generic idea of religion, but this was exactly one of the main intentions of the type of interdisciplinary research I advocated from the start.

I believe that by focussing on doctrines, rather than on actions, or causes and effects, Christian theologians can rediscover their life and world views in conversation with others, but they will not find a definitive answer to the question as to what makes their historical and narrative identity specific or even more convincing. Instead they will have to experience over and over again what it means that being religious is posing questions rather than giving answers, to make it possible – and I even have the twentieth-century, neo-orthodox theologian Karl Barth to support this argument – to speak the unspeakable, to speak about God. All this, in order to serve as a school, to quote British theologian Nicholas Lash, "whose pedagogy has the twofold purpose however differently conceived and executed in the different religious traditions of weaning us from our idolatry and purifying our desire." I hope that I will cause my colleagues from the medical sciences to have the same doubts about their own ideas and convictions, as they so adamantly and continuously have been giving me.

Notes

[i] Heyendaal Institute for Interdisciplinary Research at the Radboud University Nijmegen, the Netherlands: <www.ru.nl/hin>.

[2] H Koenig, 'A History of Religion, Science and Medicine: Historical Timeline,' in *Handbook of Religion and Health*, ed. HG Koenig, ME McCullough, D.B. Larson (Oxford, 2001), 24-49; Cf. P Rioresci, *A History of Medicine* (Omaha, 1995).
[3] Cf. WHR Rivers, *Medicine, Magic and Religion* (London, 2001 (1924)), esp. p. 1-26.
[4] S Sontag, *Illness as Metaphor and Aids and its Metaphors* (New York, 2001).
[5] GB Ferngren, 'Early Christianity as a Religion of Healing.' *Bulletin of the History of Medicine* 66 (1995) pp. 1-15.
[6] Cf. HG Koenig, D.M. Lawson, 'Religion and the Long Tradition of Caring for the Sick,' in *Faith in the Future. Healthcare, Aging, and the Role of Religion*, ed. HG Koenig (Radnor 2004), pp. 98-110.
[7] Basil the Great, 'The Long Rules', in *Saint Basil. Ascetical Works*, trans. M. Wagner (Washington 1962), p. 331.
[8] Cf. R Porter, *Flesh in the Age of Reason* (Basingstoke 2005).
[9] Cf. JW Bowker, 'Religions, Society, and Suffering,' in A Kleinman, V Das, M Lock, *Social Suffering* (Berkeley 1997), pp. 359-381.
[10] S Toulmin, 'How Medicine Saved the Life of Ethics.' *Perspectives in Biology and Medicine* 25 (1982) pp. 736-750.
[11] M Weber, *The Sociology of Religion*, transl. E Fischoff (London 1971), p. 138.
[12] Ibid., p. 139.
[13] A similar case has been made by JW Bowker, p. 363.
[14] <www.pubmed.gov>
[15] For similar query experiments, see Koenig e.a., *Handbook of Religion and Health*, 6. pp. 513-590.
[16] For an example of instrumentalism, see J Levin, *God, Faith, and Health. Exploring the Spirituality-Healing Connection* (New York 2001). For a criticism of instrumentalism, see E. Biser, Kann Glaube heilen? Zur Frage nach Sinn und Wesen einer therapeutischen Theologie, in: B Fuchs, N Kobler (Hg.), *Hilft der Glaube? Heilung auf dem Schnittpunkt zwischen Theologie und Medizin* (Münster 2002).
[17] S Hauerwas, Reflections on Suffering, Death and Medicine, in: Id., *Suffering Presence. Theological Reflections on Medicine, the Mentally Handicapped and the Church* (Notre Dame 1986), pp. 23-38.
[18] Cf. Jürgen Habermas' criticism of instrumental rationality in: J Habermas, *Religion and Rationality. Essays on Reason, God and Modernity* (Cambridge 2002).

[19] Cf. EJ Cassell, *The Nature of Suffering and the Goals of Medicine* (Oxford, 20042 (1991)).
[20] Cf. M Little, *Humane Medicine* (Cambridge, 1995).
[21] A case that recently has been made by medical anthropologists: A Kleinman, J Kleinman, 'Suffering and its professional transformation: Toward an ethnography of experience.' *Culture, Medicine & Psychiatry* 15 (1991), pp. 275-302.
[22] Cf. JJ Shuman, KG Meador, *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity* (Oxford, 2003).
[23] R Williams, 'God,' in *Fields of Faith: Theology and Religious Studies in the Twenty-first Century*, ed. D Ford, B Quash, JM Soskice (Cambridge, 2005), pp. 75-89, p. 81.

Bibliography

Biser, E., 'Kann Glaube heilen? Zur Frage nach Sinn und Wesen einer therapeutischen Theologie,' in *Hilft der Glaube? Heilung auf dem Schnittpunkt zwischen Theologie und Medizin*, edited by B. Fuchs, N. Kobler (Münster: Lit Verlag, 2002)

Bowker, J.W., 'Religions, Society, and Suffering,' in *Social Suffering*, edited by Arthur Kleinman, V. Das, M. Lock (Berkeley: Berkeley University of California Press, 1997), 359-381.

Cassell, E.J., *The Nature of Suffering and the Goals of Medicine* (Oxford: Oxford University Press, 2004[2] (1991).

Ferngren, G.B., 'Early Christianity as a Religion of Healing.' *Bulletin of the History of Medicine* 66 (1995): 1-15.

Hauerwas, S., *Suffering Presence. Theological Reflections on Medicine, the Mentally Handicapped and the Church* (Notre Dame: Notre Dame University Press, 1986).

Kleinman, A., Kleinman, J.. 'Suffering and its professional transformation. Toward an ethnography of experience.' *Culture, Medicine & Psychiatry* 15 (1991): 275-302

Koenig, H.G. 'A History of Religion, Science and Medicine: Historical Timeline,' in *Handbook of Religion and Health*, edited by H.G. Koenig, M.E. McCullough, D.B. Larson: Oxford: Oxford University Press, 2001.

Koenig, H.G., Lawson, D.M. 'Religion and the Long Tradition of Caring for the Sick,' in *Faith in the Future. Healthcare, Aging, and the Role of Religion*, edited by H. G. Koenig, D.M. Lawson (Radnor: Templeton Foundation Press, 2004).

Levin, J., *God, Faith, and Health. Exploring the Spirituality-Healing Connection* (New York: John Wiley & Sons, Inc. 2001).

Little, M., *Humane Medicine* (Cambridge: Cambridge University Press, 1995)

Porter, R., *Flesh in the Age of Reason* (Basingstoke: Penguin Books, 2005).

Prioresci, P., *A History of Medicine* (Omaha: Horatius Press, 1995)

Rivers, W.H.R., *Medicine, Magic and Religion* (London: Routledge, 2001 (1924)).

Shuman, J.J., Meador, K.G., *Heal Thyself. Spirituality, Medicine, and the Distortion of Christianity* (Oxford: Oxford University Press, 2003)

Sontag, S., *Illness as Metaphor and Aids and its Metaphors* (New York: Picador USA, 2001).

Williams, R.. 'God,' in *Fields of Faith: Theology and Religious Studies in the Twenty-first Century*, edited by David Ford, Ben Quash, Janet M. Soskice (Cambridge: Cambridge University Press, 2005), 75-89.

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